

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- ❖ Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- ❖ Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

State/Territory: State of Washington
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name(s): Children's Health Insurance Program

SCHIP Program Type:

☐ SCHIP Medicaid Expansion Only
☒ Separate Child Health Program Only
☐ Combination of the above

Reporting Period: Federal Fiscal Year 2005 *Note: Federal Fiscal Year 2005 starts 10/1/04 and ends 9/30/05.*

Contact Person/Title: Kathy Johansen, Eligibility Policy Program Manager

Address: DSHS/MAA, PO Box 45534, Olympia, Washington 98504-5534

Phone: (360) 725.1321 Fax: (360) 664.0910

Email: Johankj@dshs.wa.gov

Submission Date: _____

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table. Please note that the numbers in brackets, e.g., [500] are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						From	0	% of FPL conception to birth	185	% of FPL
	From		% of FPL for infants		% of FPL	From	200	% of FPL for infants	250	% of FPL
	From		% of FPL for children ages 1 through 5		% of FPL	From	200	% of FPL for 1 through 5	250	% of FPL
	From		% of FPL for children ages 6 through 16		% of FPL	From	200	% of FPL for children ages 6 through 16	250	% of FPL
	From		% of FPL for children ages 17 and 18		% of FPL	From	200	% of FPL for children ages 17 and 18	250	% of FPL

Is presumptive eligibility provided for children?		No		No X
		Yes, for whom and how long? [1000]		Yes, for whom and how long? [1000]

Is retroactive eligibility available?		No		No X
		Yes, for whom and how long? [1000]		Yes, for whom and how long? [1000]

Does your State Plan contain authority to implement a waiting list?	Not applicable			No X
				Yes

Does your program have a mail-in application?		No		No
		Yes		Yes X

Can an applicant apply for your program over the phone?		No		No
		Yes		Yes X Limited to emergencies

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes X

Can an applicant apply for your program on-line?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	Yes – please check all that apply		Yes – please check all that apply	
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input checked="" type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
			<input type="checkbox"/>	No Signature is required

Does your program require a face-to-face interview during initial application	<input type="checkbox"/>	No	<input type="checkbox"/>	No X
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes Note: this option requires an 1115 waiver Note: Exceptions to waiting period should be listed in Section III, subsection Substitution, question 6	<input type="checkbox"/>	Yes X Note: Exceptions to waiting period should be listed in Section III, subsection Substitution, question 6
	Specify number of months		Specify number of months	4 months with exceptions listed in Section III, Substitution

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No X
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
	[1000]		[1000]	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes X
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	[500]		\$15 per child per month, with a \$45 maximum per family per month	

Does your program impose copayments or coinsurance?	<input type="checkbox"/>	No	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

Does your program impose deductibles?	<input type="checkbox"/>	No	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

Does your program require an assets test?	<input type="checkbox"/>	No	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	[500]		[500]	

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
			If Yes, please describe below	
			We use the same income disregards as our Medicaid program.	

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	Yes, we send out form to family with their information pre-completed and		Yes, we send out form to family with their information pre-completed and	
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input checked="" type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed

Comments on Responses in Table:

2. Is there an assets test in your Medicaid Program? ☐ Yes ☒ No
3. Is it different from the assets test in your separate child health program? ☐ Yes ☐ No
4. Are there income disregards for your Medicaid program? ☒ Yes ☐ No
5. Are they different from the income disregards in your separate child health program? ☐ Yes ☒ No
6. Is a joint application used for your Medicaid and separate child health program? ☒ Yes ☐ No

7. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking appropriate column.

	Medicaid Expansion SCHIP Program		Separate Child Health Program	
	Yes	No Change	Yes	No Change
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)				X
b) Application				X
c) Benefit structure				X
d) Cost sharing (including amounts, populations, & collection process)				X
e) Crowd out policies				X
f) Delivery system				X
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)				X
h) Eligibility levels / target population				X
i) Assets test in Medicaid and/or SCHIP				X
j) Income disregards in Medicaid and/or SCHIP				X
k) Eligibility redetermination process				X
l) Enrollment process for health plan selection				X
m) Family coverage				X
n) Outreach (e.g., decrease funds, target outreach)				X
o) Premium assistance				X
p) Prenatal Eligibility expansion				X

q) Waiver populations (funded under title XXI)

Parents

Pregnant women

Childless adults

			N/A

r) Other – please specify

a. [50]

b. [50]

c. [50]

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefit structure	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
h) Eligibility levels / target population	
i) Assets test in Medicaid and/or SCHIP	
j) Income disregards in Medicaid and/or SCHIP	
k) Eligibility redetermination process	

l) Enrollment process for health plan selection	
m) Family coverage	
n) Outreach	
o) Premium assistance	
p) Prenatal Eligibility Expansion	
q) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
r) Other – please specify	
a. [50]	
b. [50]	
c. [50]	

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three sub sections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data are available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

Please note that the numbers in brackets, e.g., [500] are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four child health measures and three adult measures:

Child Health Measures

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

Adult Measures

- Comprehensive diabetes care (hemoglobin A1c tests)
- Adult access to preventive/ambulatory health services
- Prenatal and postpartum care (prenatal visits)

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

The table should be completed as follows:

- Column 1: If you cannot provide a specific measure, please check the boxes that apply to your State for each performance measure, as follows:
- Population not covered: Check this box if your program does not cover the population included in the measure. For example, if your State does not cover adults under SCHIP, check the box indicating, "population not covered" for the three adult measures.
 - Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
 - Not able to report due to small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is **less than 30**. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
 - Other: Please specify if there is another reason why your state cannot report the measure.

Column 2: For each performance measure listed in Column 1, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2004).

Column 3: For each performance measure listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please also note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, etc. and an explanation for changes from the baseline. Note: you do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

Measure	Measurement Specification	Performance Measures and Progress																		
<p>Well child visits in the first 15 months of life</p> <p>Not Reported Because:</p> <p><input type="checkbox"/> Population not covered</p> <p><input type="checkbox"/> Data not available</p> <p>Explain:</p> <p><input type="checkbox"/> Not able to report due to small sample size (less than 30)</p> <p>Specify sample size:</p> <p><input type="checkbox"/> Other</p> <p>Explain:</p> <p>[500]</p>	<p>X HEDIS</p> <p>Specify version of HEDIS used: 2005</p> <p><input type="checkbox"/> HEDIS-Like</p> <p>Explain how HEDIS was modified:</p> <p>Specify version of HEDIS used:</p> <p><input type="checkbox"/> Other</p> <p>Explain:</p> <p>[7500]</p>	<p>Data Source(s): Hybrid methods (administrative and medical record data)</p> <p>[500]</p> <p>Definition of Population Included in Measure: Percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the MCS from 31 days of age and who received either zero, one, two, three, four, five, six or more well-child visits with a primary care practitioner during their first 15 months of life.</p> <p>[700]</p> <p>Baseline / Year: 2003 (Specify numerator and denominator for rates)</p> <table> <tr> <td></td><td colspan="2">Statewide</td></tr> <tr> <td></td><td>Mean</td><td>Median</td></tr> <tr> <td>2003:</td><td>33.6</td><td>37.96</td></tr> </table> <p>[500]</p> <p>Performance Progress/Year: 2004 (Specify numerator and denominator for rates)</p> <p>[7500]</p> <table> <tr> <td></td><td colspan="2">Statewide</td></tr> <tr> <td></td><td>Mean</td><td>Median</td></tr> <tr> <td>2004:</td><td>41.3</td><td>41.6</td></tr> </table>		Statewide			Mean	Median	2003:	33.6	37.96		Statewide			Mean	Median	2004:	41.3	41.6
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Measure	Measurement Specification	Performance Measures and Progress
		<p>Explanation of Progress:</p> <p>Health plans required to conduct a performance improvement project if rates fall below thresholds defined in contract.</p> <p>Changed methods in 2003 from chart review to HEDIS methods.</p> <p>In 2004, DSHS implemented quality-based incentive payments for performance on well-child and 2 year old immunization measures in 2004.</p> <p>[700]</p> <p>Other Comments on Measure:</p> <p>Washington State concluded the Children's Preventive Healthcare Initiative (CPHI) in 2004; a project in collaboration with the Washington State External Quality Review Organization (EQRO), OMPRO, managed care organizations and select healthcare clinics. The focus of the project is to improve preventive care for children enrolled in managed care. For more information see the CPHI website at: www.ompro.org/cphi. A measurement study is underway in 2005 to examine the impact of CPHI and other interventions to improve well-child and immunization measures.</p> <p>DSHS will continue quality based incentive payments for these measures in 2005 and 2006.</p> <p>[700]</p>

Measure	Measurement Specification	Performance Measures and Progress																		
<p>Well child visits in children the 3rd, 4th, 5th, and 6th years of life</p> <p>Not Reported Because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Population not covered <input type="checkbox"/> Data not available <input type="checkbox"/> Not able to report due to small sample size (less than 30) <input type="checkbox"/> Other <p>Specify sample size:</p> <p>Explain:</p> <p>[500]</p>	<p>X HEDIS</p> <p>Specify version of HEDIS used:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HEDIS-Like <input type="checkbox"/> Other <p>Explain how HEDIS was modified:</p> <p>Specify version of HEDIS used:</p> <p>Explain:</p> <p>[7500]</p>	<p>Data Source(s): Hybrid methods (administrative and medical record data)</p> <p>[500]</p> <p>Definition of Population Included in Measure: Percentage of enrolled members who were three, four, five or six years of age during the measurement year, who were continuously enrolled during the measurement year and who received one or more well-child visits with a primary care practitioner during the measurement year.</p> <p>[700]</p> <p>Baseline / Year: 2003</p> <p>(Specify numerator and denominator for rates)</p> <table> <tr> <td></td><th colspan="2">Statewide</th></tr> <tr> <td></td><th>Mean</th><th>Median</th></tr> <tr> <td>2003</td><td>50.96</td><td>54.26</td></tr> </table> <p>[500]</p> <p>Performance Progress/Year: 2004</p> <table> <tr> <td></td><th colspan="2">Statewide</th></tr> <tr> <td></td><th>Mean</th><th>Median</th></tr> <tr> <td>2004</td><td>54.07</td><td>53.04</td></tr> </table> <p>(Specify numerator and denominator for rates)</p> <p>[7500]</p> <p>Explanation of Progress:</p> <p>Health plans required to conduct a performance improvement project if rates fall below thresholds defined in contract.</p> <p>Changed methods in 2003 from chart review to HEDIS methods.</p> <p>In 2004, DSHS implemented quality-based incentive payments for performance on well-child and 2 year old immunization measures in 2004.</p> <p>[700]</p>		Statewide			Mean	Median	2003	50.96	54.26		Statewide			Mean	Median	2004	54.07	53.04
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Measure	Measurement Specification	Performance Measures and Progress												
		<p>Other Comments on Measure: Washington State concluded the Children's Preventive Healthcare Initiative (CPHI) in 2004; a project in collaboration with the Washington State External Quality Review Organization (EQRO), OMPRO, managed care organizations and select healthcare clinics. The focus of the project is to improve preventive care for children enrolled in managed care. For more information see the CPHI website at: www.ompro.org/cphi. A measurement study is underway in 2005 to examine the impact of CPHI and other interventions to improve well-child and immunization measures.</p> <p>DSHS will continue quality based incentive payments for these measures in 2005 and 2006.</p> <p>[700]</p>												
<p>Use of appropriate medications for children with asthma</p> <p>Not Reported Because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Population not covered <input type="checkbox"/> Data not available <input type="checkbox"/> Not able to report due to small sample size (less than 30) <input type="checkbox"/> Other <p>Explain:</p> <p>[500]</p>	<p>X HEDIS Specify version of HEDIS used:</p> <p><input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used:</p> <p><input type="checkbox"/> Other Explain:</p> <p>[7500]</p>	<p>Data Source(s): Hybrid methods (administrative and medical record data) [500]</p> <p>Definition of Population Included in Measure: The percentage of enrolled members 5-17 years of age during the measurement year who were identified as having persistent asthma during the year prior to the measurement year and who were appropriately prescribed controller medications during the measurement year. [700]</p> <p>Baseline / Year: 2003* (Specify numerator and denominator for rates)</p> <table data-bbox="1036 1438 1555 1564"> <thead> <tr> <th></th><th colspan="2">Statewide</th></tr> <tr> <th></th><th>Mean</th><th>Median</th></tr> </thead> <tbody> <tr> <td>Meds for 5-9 years</td><td>60.6</td><td>59.5</td></tr> <tr> <td>Meds for 10-17 years</td><td>62.5</td><td>63.3</td></tr> </tbody> </table> <p>[500] *Corrected data points from last years' report.</p>		Statewide			Mean	Median	Meds for 5-9 years	60.6	59.5	Meds for 10-17 years	62.5	63.3
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<p>Children's access to primary care practitioners</p> <p>Not Reported Because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Population not covered <input type="checkbox"/> Data not available Explain: <input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size: <input type="checkbox"/> Other Explain: <p>[500]</p>	<p>X HEDIS Specify version of HEDIS used:</p> <p><input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used:</p> <p><input type="checkbox"/> Other Explain:</p> <p>[7500]</p>	<p>Data Source(s): Children 17 years of age and younger as of December 31 of the measurement year. [500]</p> <p>Definition of Population Included in Measure: Sample selected based on continuous enrollment criteria; members enrolled in the MCO the last six months of the measurement year and had no more than one gap in enrollment during any time from July 1 through December 31 is considered continuously enrolled. [700]</p> <p>Baseline / Year: 2002 (Specify numerator and denominator for rates) Numerator: 251 Denominator: 738 Of parents responding to the CAHPS survey (rolled up composite – Getting Needed Care): 8% reported a big problem 12% reported a small problem and 79% reported no problem getting needed care for their child [500]</p>												

Measure	Measurement Specification	Performance Measures and Progress
		<p>Performance Progress/Year: 2004 (Specify numerator and denominator for rates) Numerator: 760 Denominator: 1,650 Of parents responding to the CAHPS survey (rolled up composite – Getting Needed Care): 6% reported a big problem 15% reported a small problem and 78 reported no problem getting needed care for their child</p> <p>[7500]</p> <p>Explanation of Progress: No significant change. [700]</p> <p>Other Comments on Measure: [700]</p>
<p>Adult Comprehensive diabetes care (hemoglobin A1c tests)</p> <p>Not Reported Because:</p> <p>X Population not covered</p> <p><input type="checkbox"/> Data not available Explain:</p> <p><input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size:</p> <p><input type="checkbox"/> Other Explain:</p> <p>[500]</p>	<p><input type="checkbox"/> HEDIS Specify version of HEDIS used:</p> <p><input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used:</p> <p><input type="checkbox"/> Other Explain: [7500]</p>	<p>Data Source(s): [500]</p> <p>Definition of Population Included in Measure: [700]</p> <p>Baseline / Year: (Specify numerator and denominator for rates) [500]</p> <p>Performance Progress/Year: (Specify numerator and denominator for rates) [7500]</p> <p>Explanation of Progress: [700]</p> <p>Other Comments on Measure: [700]</p>
<p>Adult access to preventive/ambulatory health services</p> <p>Not Reported Because:</p> <p>X Population not covered</p>	<p><input type="checkbox"/> HEDIS Specify version of HEDIS used:</p> <p><input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:</p>	<p>Data Source(s): [500]</p> <p>Definition of Population Included in Measure: [700]</p>

Measure	Measurement Specification	Performance Measures and Progress
<input type="checkbox"/> Data not available Explain: <input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size: <input type="checkbox"/> Other Explain: [500]	Specify version of HEDIS used: <input type="checkbox"/> Other Explain: [7500]	Baseline / Year: (Specify numerator and denominator for rates) [500] Performance Progress/Year: (Specify numerator and denominator for rates) [7500] Explanation of Progress: [700] Other Comments on Measure: [700]
Adult Prenatal and postpartum care (prenatal visits): <input type="checkbox"/> Coverage for pregnant women over age 19 through a demonstration X Coverage for unborn children through the SCHIP state plan <input type="checkbox"/> Coverage for pregnant women under age 19 through the SCHIP state plan Not Reported Because: <input type="checkbox"/> Population not covered X Data not available Explain: This population is not covered by our managed care plans, and we do not collect this data on fee-for-service populations. <input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size: <input type="checkbox"/> Other Explain: [500]	<input type="checkbox"/> HEDIS Specify version of HEDIS used: <input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: <input type="checkbox"/> Other Explain: [7500]	Data Source(s): [500] Definition of Population Included in Measure: [700] Baseline / Year: (Specify numerator and denominator for rates) [500] Performance Progress/Year: (Specify numerator and denominator for rates) [7500] Explanation of Progress: [700] Other Comments on Measure: [700]

SECTION IIB: ENROLLMENT AND UNINSURED DATA-THIS INFORMATION IS PRELOADED ONTO SARTS

- The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent

(increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2004	FFY 2005	Percent change FFY 2004-2005
SCHIP Medicaid Expansion Program			
Separate Child Health Program	17,002	14,906	87.67%

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

[7500]

The decrease in enrollment over the past year may be attributed to legislative changes made in the children's Medicaid program in 2003. These changes were the requirement to verify family income and implementation of 6 month reviews. As of July 2005 the Governor has reinstated 12 month continuous eligibility for children's Medicaid which will continue to affect SCHIP enrollment due to the fact that children will continue on Medicaid through their 12 month certification when income increases and will not transfer over the SCHIP.

2. Three-year averages in the number and/or rate of uninsured children in each state based on the Current Population Survey (CPS) are shown in the table below, along with the percent change between 1996-1998 and 2001-2004. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996-1998				
1997-1999				
2000-2002				
2001-2003				
Percent change 1996-1998 vs. 2001-2004		NA		NA

- A. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

[7500]

Washington uses the Washington State Population Survey as a measuring tool for estimating the numbers and rate of uninsured children.

3. If your State has an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please report in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	Washington State Population Survey (WSPS)
Reporting period (2 or more points in time)	The most recent study was conducted in 2004. WSPS was not conducted in 2005 but will be conducted again in 2006. Since last years report the weights have been updated. See Attachment D data.
Methodology	<p><u>ATTACHMENTS A –C</u> include the complete methodology for the 2004 Washington State Population survey</p> <p><u>Attachment A:</u> 2004 Washington State Population Survey, Research Brief No. 31 (Revised), The Uninsured Population in Washington State</p> <p><u>Attachment B:</u> 2004 Washington State Population Survey, Technical Report 1: Sample Disposition and Response Rates</p> <p><u>Attachment C:</u> 2004 Washington State Population Survey, Research Brief No.32, Characteristics of the Uninsured:2004</p> <p>There are two base samples for this survey – a general population sample and an expanded sample of racial minorities. The response rates are calculated separately for the two samples.</p> <p>The general population sample was drawn using the random digit dialing (RDD) technique. With RDD methodology, all households in the state of Washington with an activated telephone line, either listed or unlisted, have an equal probability of being selected. For the 2004 WSPS, responses to the survey were obtained from telephone interviews with 7,097 households that represent the state population as a whole.</p>
Population	The population for this survey consists of all households located within the geographic boundaries of Washington State. Because the WSPS is a telephone survey, only households with telephones were potential subjects.
Sample sizes	Complete data on sample sizes from the 2004 WSPS are in attachment B.

Number and/or rate for two or more points in time	The tables in Attachment D detail insured and uninsured children ages 0-18 for 2004, 2002 and 2000. Due to the revisions in 2004 weights I have added the new numbers for 2004.
Statistical significance of results	The percentage of uninsured children in all income levels increased by 1.4% from 2002 to 2004. The increase in uninsured may be affected by changes made to children's medical programs in 2003, such as requiring verification of income for eligibility determination and a 6 month eligibility review process rather than 12 months of continuous eligibility.

- A. Please explain why the state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

Washington uses its Washington State Population Survey (WSPS) to make its baseline estimates. The WSPS is a comprehensive survey conducted under contract with Washington State University's Social and Economic Sciences Research Center. The survey is modeled after U.S. Bureau of the Census' Current Population Study (CPS). However the WSPS is a statewide survey with a greatly enhanced sample size to allow for statistically reliable analyses for the state and regions within the state. There are expanded samples of racial and ethnic minorities to be able to compare socioeconomic characteristics of people of different racial and ethnic backgrounds. The WSPS also provides regional income data.

- B. What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

As the survey is a telephone survey, households without telephones were excluded. This non-coverage is, however, quite small. Statewide, the percentage of households without telephones was less than 1.4% according to the 2000 census. While there is risk of systematically missing some people in a telephone survey, most researchers do not consider it to be a serious problem. See attachment B for this survey's report on Sample disposition and response rates.

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information. **(States with only a SCHIP Medicaid Expansion Program should skip this question)**

We do not have a direct count of the effects of the different types of outreach done statewide on the number of children enrolled in Medicaid and SCHIP. However, we continue to work closely with our community partners and advocates and attend statewide meetings on a quarterly basis to share information. Our community partners remain very active in connecting with children and families and assisting them with the application process for any programs for which they may be eligible. We believe their continued efforts have made a significant impact on our SCHIP enrollment numbers.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

In the table below, summarize your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Use additional pages as necessary. **Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.** The table should be completed as follows:

Column 1: List your State's general strategic objectives for your SCHIP program and indicate if the strategic objective listed is new/revised or continuing. If you have met your goal and/or are discontinuing a strategic objective or goal, please continue to list the objective/goal in the space provided below, and indicate that it has been discontinued, and provide the reason why it was discontinued. Also, if you have revised a goal, please check "new/revised" and explain how and why it was revised.

Note: States are required to report objectives related to reducing the number of uninsured children. (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3. Progress towards reducing the number of uninsured children should be reported in this section.)

Column 2: List the performance goals for each strategic objective. Where applicable, provide the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®).

Column 3: For each performance goal listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the methodology used; the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, or the like.

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives Related to Reducing the Number of Uninsured Children (Mandatory for all states for each reporting year) (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3.)		
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain: To reduce the percentage of uninsured children between 200% and 250% FPL.	Goal #1: Reduce the percentage of uninsured children between 200% and 250% FPL	Data Source(s): Washington State Population Survey (WSPS) Definition of Population Included in Measure: The population for this survey consists of all households located within the geographic boundaries of Washington State. Because the WSPS was a telephone survey, only the households with telephones were potential subjects. The 2000 census shows that less than 1.4% of Washington households did not have telephones. Methodology: Tracking the percentage of uninsured children between 200% and 250% FPL.

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		<p>Baseline / Year: (Specify numerator and denominator for rates) In 2002, the percentage of uninsured was 7.8%; in 2004 the percentage was 11.5%.</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates) The percentage of uninsured children increased from our 2002 WSPS to our 2004 WSPS. For children within CHIP income levels (200-250% FPL), there was an increase of 3.7%.</p> <p>Explanation of Progress: The increase in the percentage of uninsured may be affected by changes made to children's medical programs in 2003, such as requiring verification of income for eligibility determination and a 6 month eligibility review process rather than 12 months of continuous eligibility. In 2005 the eligibility review process for Medicaid children was reinstated to 12 months of continuous eligibility. The impact of these changes will be monitored and reviewed with the next survey in 2006.</p> <p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment		
(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain: To increase the number of children in households between 200% and 250% FPL who have health insurance coverage.	<p>Goal #1:</p> <p>Increase the number of children between 200% and 250% who have health care coverage.</p>	<p>Data Source(s):</p> <p>Washington State Population Survey</p> <p>Definition of Population Included in Measure:</p> <p>The population for this survey consists of all households located within the geographic boundaries of Washington State. Because the WSPS was a telephone survey, only the households with telephones were potential subjects. The 2000 census shows that less than 1.4% of Washington households did not have telephones.</p> <p>Methodology:</p> <p>Tracking the number of children in households between 200% and 250% FPL with health insurance coverage</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p>

		<p>Performance Progress / Year: (Specify numerator and denominator for rates) In 2002, the estimated number of children between 200% and 250% FPL with health insurance was 113,069 (92.2%). In 2004, the estimated number with health insurance was 125,458 (88.5%).</p> <p>Explanation of Progress: The number of insured children increased from 2002 to 2004, though the percentage of insured children decreased.</p> <p>Other Comments on Measure:</p>
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Objectives Related to Medicaid Enrollment

<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain: To increase the number of low-income children in households below 200% of the FPL who have health insurance coverage.	<p>Goal #1:</p> <p>Increase the number of children below 200% FPL who have health coverage.</p> <p>Increase the percentage of children below 200% FPL who have health coverage.</p>	<p>Data Source(s): Washington State Population Survey.</p> <p>Definition of Population Included in Measure: The population for this survey consists of all households located within the geographic boundaries of Washington State. Because the WSPS was a telephone survey, only households with telephones were potential subjects. The 2000 census shows that less than 1.4% of Washington households did not have telephones.</p> <p>Methodology: Tracking the number of children with health insurance in households below 200% FPL.</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates) In 2002, the estimated number of children in households below 200% FPL with health insurance was 607,232 (93.8%). In 2004, the number of children below 200% FPL with health insurance was 599,167 (92.3%).</p> <p>Explanation of Progress: The actual number of insured children below 200% FPL decreased and the percentage of insured children decreased by 1.5%. We still feel this is an impact from the 2003 legislative changes that included income verification and change in review cycle.</p> <p>Other Comments on Measure:</p>
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Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)

<input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain: [500]	Goal #1: <input type="checkbox"/> HEDIS Specify version of HEDIS used: <input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: <input type="checkbox"/> Other Explain: [7500]	Data Source(s): [500] Definition of Population Included in Measure: [700] Methodology: [500] Baseline / Year: (Specify numerator and denominator for rates) [500] Performance Progress / Year: (Specify numerator and denominator for rates) [7500] Explanation of Progress: [700] Other Comments on Measure: [700]
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Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input checked="" type="checkbox"/> Discontinued Explain:	Goal #1: This Goal will be revised and determined with the new EQRO/CAHPS 2006 survey. <input type="checkbox"/> HEDIS Specify version of HEDIS used: <input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: Other Explain:	Data Source(s): Definition of Population Included in Measure: Methodology: Baseline / Year: (Specify numerator and denominator for rates) Performance Progress / Year: (Specify numerator and denominator for rates) Explanation of Progress: Other Comments on Measure:

1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?
 No other strategies are employed.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?
 Washington State will continue to measure SCHIP using EQRO/CHAPS. No other strategies are planned.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

No other focused quality studies have been conducted.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

Please note that the numbers in brackets, e.g., [7500] are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period?
We have not changed our outreach strategies during the reporting period. We continue to work with our community partners and advocates at both the statewide and local level to reach as many of our low-income uninsured children as possible.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?
Our community partners and advocates continue to be our most effective method in reaching low-income uninsured children. Our work with the Healthy Kids Now! campaign continues. This campaign is targeted at families with children who may be eligible for any of the state's children's medical programs. Healthy Kids Now! provides a toll-free number for families to call to receive information on assistance programs as well as assistance in applying for medical coverage.

We continue to meet quarterly with our statewide outreach coalition that consists of state and local entities. We also continue to partner with the statewide Title 1 Migrant Education Program, who in turn partners with school nurses, records clerks, home visitors, and minorities, immigrants and rural populations. We attend quarterly Children with Special Health Care Needs communications meetings. We partner with the state Department of Health as we serve many of the same clients. In addition, our statewide Health Insurance Benefits Advisors toll-free line provides information on the different medical programs throughout the state.

Our informational flyers and our applications are printed in at least eight of the most common languages in our state, including Spanish, Vietnamese, Russian, Cambodian, Korean, Laotian and Chinese.

We do not have a formal method to measure outreach effectiveness, but we do know outreach efforts are successful as the number of children enrolled in SCHIP continues to increase.

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?
Some of our community partners target specific populations, based on what the needs are in their area. We do not formally measure effectiveness, but the increase in enrollment numbers shows that the outreach being done is effective.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.

1. Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted? Yes X No

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

When looking at a child's eligibility for SCHIP, we determine whether the child has or had employer sponsored or job-related insurance within the prior 4-month period. If so, we impose a 4-month waiting period prior to allowing enrollment in SCHIP. Prior to imposing this waiting period, we first research further to find out whether an exception to the 4-month waiting period applies. We have the following nine exceptions to the waiting period requirement:

1. Parent lost job that has medical coverage for children.
2. Parent with medical insurance died.
3. Child has a medical condition that, without medical care, would cause serious disability, loss of function, or death.
4. Employer ended medical coverage for children.
5. Child's medical coverage ended because the client reached the maximum lifetime coverage amount.
6. Coverage under a COBRA extension period expired.
7. Children could not get medical services locally (they have to travel to another city or state to get care).
8. Domestic violence led to loss of coverage.
9. The family's total out-of-pocket maximum for employer sponsored dependent coverage is fifty dollars per month or more.

States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.

2. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions? Yes _____ No **X**

If yes, identify your substitution prevention provisions (waiting periods, etc.).

All States must complete the following 3 questions

3. Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

We monitor and measure substitution of coverage both through the eligibility process and through data collection. We are careful to prevent substitution of coverage from occurring both at the time of initial application and any subsequent eligibility reviews. When we receive an application or review we require that questions regarding any other insurance coverage are answered prior to eligibility approval. We ask the following questions on the initial application:

- a. Do any of the children you are applying for already have health insurance coverage?
- b. If "Yes", does that health insurance cover doctor, hospital, x-ray (radiology), and laboratory services?
- c. Have your children been covered by job-related health insurance in the last 4 months?
- d. If "Yes", did the premium cost less than \$50 per month for dependents?
- e. If you checked "Yes" to any of the above questions, please list the name of the insurance company or employer providing health insurance for your children.

On the yearly eligibility review form, the following questions are asked with a request to check any boxes that apply and complete the insurance information:

- ◆ I now have private health insurance or health insurance through my employer
- ◆ My private health insurance or employer provided health insurance include coverage for doctors, hospital, x-ray and laboratory services
- ◆ I had job-related health insurance in the last 4 months but am no longer covered

If the insurance questions on the application or eligibility review form are not answered, the applicant is sent an 'Insurance Information Request Letter' that they must respond to in order for SCHIP eligibility to be determined. If the applicant has access to health insurance coverage, they are not enrolled in SCHIP.

Eligibility staff also utilizes our Medicaid Management Information System (MMIS) both at initial application and eligibility review to see if there is any history of insurance coverage for the household. If there is history showing, further inquiries can be made.

To monitor substitution of coverage, we track responses on the number of applications and eligibility reviews that show the applicant has insurance coverage. We also track the number of applications and eligibility reviews that are denied due to insurance coverage.

In addition, we collect data on whether the applicant has disenrolled from employer-sponsored coverage. If the applicant has lost employer-sponsored insurance coverage within the past four months, the child must serve a four-month waiting period. However, prior to imposing a waiting period, eligibility staff review to see whether one of nine exceptions applies to a families situation. Exceptions to the four-month waiting period may be granted when:

- i. Parent lost job that has medical coverage for children.
- ii. Parent with medical insurance died.
- iii. Child has a medical condition that, without medical care, would cause serious disability, loss of function or death.
- iv. Employer ended medical coverage for children.
- v. Child's medical coverage ended because the child reached the maximum lifetime coverage amount.
- vi. Coverage under a COBRA extension period ended.
- vii. Children could not get medical services locally (they have to travel to another city or state to get care for their children).
- viii. Domestic violence led to loss of coverage.
- ix. The family's total out-of-pocket maximum for employer sponsored dependent coverage is fifty dollars per month or more.

If none of these exceptions apply, the child must serve a four-month waiting period prior to enrollment in CHIP.

We do not impose a waiting period on those families who drop private insurance that is not employer related.

We also receive a monthly report of currently eligible SCHIP clients who have health insurance coverage showing in our Medicaid Management Information System. MAA researches this report for current health insurance coverage to ensure there is no substitution of coverage at either initial eligibility determination or eligibility review.

4. At the time of application, what percent of applicants are found to have insurance? [7500]

We collected data from October 2004 through September 2005 on applications and eligibility reviews to track how many applicants reported having insurance coverage. We show that 6.6% of all applications and eligibility reviews indicated the child has some type of other insurance coverage. We denied 5.3% of all applications and eligibility reviews for having other creditable coverage. The difference in the percentages can be attributed to the fact that not all insurances indicated on the application or eligibility review were creditable coverage.

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? [7500]

Of 4,009 applications reviewed from October 2004 through September 2005, we show that only 21 households (0.5%) dropped job related or employer sponsored coverage within the 4 months prior to applying for CHIP coverage.

We do not see much substitution of coverage in our state. The methods we use to ensure that substitution does not happen are very effective.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

Yes. Both our Medicaid and SCHIP populations have eligibility redetermined using the same verification requirements. We redetermine eligibility twelve months after initial eligibility determination. The head of household for the case is sent a pre-populated review form approximately six weeks prior to their review date. The form must be reviewed, signed, and income verification must be sent in before another twelve months of eligibility can be redetermined.

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

A child's eligibility can change from Medicaid to SCHIP or from SCHIP to Medicaid at eligibility review or at any time during the twelve month eligibility period. If a change in income is reported by the client during the twelve month period, the change is reviewed to see if it has an effect on current eligibility. If the income varies enough that it puts the household into another eligibility group, the head of household will receive a letter informing them of the change and a new medical eligibility identification card showing the program for which they are currently eligible. If the child went from SCHIP to Medicaid, they will no longer be required to pay a premium beginning the month that the eligibility program changed. If the child went from Medicaid to SCHIP, they will begin receiving a SCHIP premium statement the month after the eligibility determination is made.

Each year when the Federal Poverty Level is adjusted, we code our Automated Client Eligibility System (ACES) with the new information. ACES then conducts a review to determine if the SCHIP client is within Medicaid income levels. If they are Medicaid eligible, there is an automatic transfer to that program. The client retains their original eligibility review cycle, so eligibility determination will occur at their scheduled review time.

We have not identified any challenges to this process of eligibility determination.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

Yes, we offer the same delivery systems for both Medicaid and SCHIP. A provider who signs a Core Provider Agreement with MAA can serve both Medicaid and SCHIP clients. Providers receive the same reimbursement for services for both populations, so there is no advantage or disadvantage to seeing clients from either population.

We have a managed care system in our state to provide medical care to clients. There is at least one managed care plan contracting in 37 of our 39 counties. In counties with two or more managed care plans, we require both SCHIP and Medicaid clients to enroll in a plan. In counties with only one contracting plan, we offer the household a choice of fee-for-service or enrollment in a plan. In the two counties without a managed care plan, we offer fee-for-service.

The managed care system consists of contracts with health carriers for medical coverage, contracts with Regional Support Networks for mental health care, and fee-for-service for primary care case management clinics. Other Medicaid and SCHIP services are "carved out" of managed care and provided on a "wrap-around" fee-for-service basis. These services include dental coverage, chemical dependency services, eyeglasses, hearing aid devices, pregnancy terminations, interpreter services, and non-emergent transportation.

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

- Conducts follow-up with clients through caseworkers/outreach workers

-
- Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
-
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**
-
- Sends targeted mailings to selected populations
 - Please specify population(s) (e.g., lower income eligibility groups) **[500]**
-

-
- Holds information campaigns
 - Provides a simplified reenrollment process, *please describe efforts* (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)
-

X We mail a pre-populated review form to the head of household so that they do not have to reenter all information. We require a signature on the form and they must send in proof of income.

-
- Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment, *please describe*:
-

X We post a warning on our monthly SCHIP statements stating that the child may lose their coverage if past due premiums are not paid. We provide them with a toll-free number if they have any questions. As of July 1, 2004, we no longer mail a separate notice stating their premium is overdue, but instead insert information on their premium statement.

- Other, *please explain*

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

We believe both strategies listed above are effective and have helped keep the non-payment rate of premiums at a low level. Our disenrollment process changed from a manual process to an electronic process in 2004 which decreased the number of children disenrolled monthly.

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

Yes, for many of these categories. We have preset 'reason codes' programmed into our ACES system so when a household and/or a child is disenrolled we know why the disenrollment occurred. We also have a monthly report that tracks children for 6 months after disenrollment to see if they return to a medical program within one month or within 6 months of disenrollment. We track them by the reason code they originally disenrolled. Not all of the outcomes listed in this question are tracked, but we do track how many children age-out and how many are disenrolled because they move out of state.

When was the monthly report or assessment last conducted?

We have reports for each of the months corresponding to this years Annual Report. See Attachment E

Attachment F is the September 2005 report that tracked children who disenrolled in March 2005. This report follows disenrolled SCHIP children 6 months after initial disenrollment by reason code, to determine which children return to a medical program. We have found that the majority of children disenroll for a lack of response to a request for additional information or eligible for benefits under another program.

We do not have data on disenrolled children who later find other insurance or remain uninsured.

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area*		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

This information is collected by our Automated Client Eligibility System and summarized at the end of each calendar month. The reason codes are generated either manually by eligibility staff, or automatically by ACES if the code is a reason such as the child turned age 19. ACES looks at each of these client identification numbers both at one month and six months after disenrollment to see if the client has come back onto a medical program. The appropriate reason code is associated with the client's record so we have data on exactly which clients have returned.

COST SHARING

- Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?
No.
- Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?
No
- If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? [
No

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

1. Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

Yes _____ please answer questions below.

No X skip to Section IV.

Children

- _____ Yes, Check all that apply and complete each question for each authority.
- _____ Premium Assistance under the State Plan
- _____ Family Coverage Waiver under the State Plan
- _____ SCHIP Section 1115 Demonstration
- _____ Medicaid Section 1115 Demonstration
- _____ Health Insurance Flexibility & Accountability Demonstration
- _____ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Adults

- _____ Yes, Check all that apply and complete each question for each authority.
- _____ Premium Assistance under the State Plan (Incidentally)
- _____ Family Coverage Waiver under the State Plan
- _____ SCHIP Section 1115 Demonstration
- _____ Medicaid Section 1115 Demonstration
- _____ Health Insurance Flexibility & Accountability Demonstration
- _____ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

_____ Parents and Caretaker Relatives

_____ Childless Adults

3. Briefly describe your program (including current status, progress, difficulties, etc.) **[7500]**

4. What benefit package does the program use? **[7500]**

5. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

_____ Number of adults ever-enrolled during the reporting period

Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured? **[7500]**

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced? **[7500]**

9. During the reporting period, what accomplishments have been achieved in your premium assistance program? **[7500]**

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured? **[7500]**

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured? **[7500]**

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.) [7500]**

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

Benefit Costs	2005	2006	2007
Insurance payments	0	0	0
Managed Care	\$14,618,259	\$15,420,770	\$15,938,374
per member/per month rate @ # of eligible's	110.9	115.2	118.2
Fee for Service	\$2,239,067	\$2,202,196	\$2,158,840
Total Benefit Costs	\$16,857,326	\$17,622,966	\$18,097,214
(Offsetting beneficiary cost sharing payments)	(1,316,523)	(1,374,344)	(1,400,166)
Net Benefit Costs	\$15,540,803	\$16,248,622	\$16,697,048

Administration Costs

Personnel	365,983	384,282	403,496
General Administration	111,712	117,298	123,163
Contractors/Brokers (e.g., enrollment contractors)	263,335	276,502	290,326
Claims Processing	35,176	36,934	38,781
Outreach/Marketing costs	102,398	107,518	112,894
Other [500]	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	878,604	922,534	968,660
10% Administrative Cap (net benefit costs ÷ 9)	1,726,756	1,805,402	1,855,228

Federal Title XXI Share	10,672,615	11,161,251	11,482,710
State Share	5,746,792	6,009,905	6,182,998

TOTAL COSTS OF APPROVED SCHIP PLAN	16,419,407	17,171,156	17,665,708
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☒ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement
- ☒ Other (specify) [500]Healthy Options Premiums, B&O Hospital tax, and Sin taxes (cigarette, tobacco and liquor).

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

1. If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration
 _____ Number of **parents** ever enrolled during the reporting period in the demonstration
 _____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration
 _____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. What have you found about the impact of covering adults on enrollment, retention, and access to care of children?
4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2005 starts 10/1/04 and ends 9/30/05).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2005	2006	2007	2008	2009
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Benefit Costs for Demonstration Population #1 (e.g., children)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2 (e.g., parents)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					

Fee for Service					
Total Benefit Costs for Waiver Population #2					

**Benefit Costs for Demonstration Population #3
(e.g., pregnant women)**

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

**Benefit Costs for Demonstration Population #4
(e.g., childless adults)**

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs					
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

Administration Costs

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify) [500]					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					
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When was your budget last updated (please include month, day and year)? [500]

Please provide a description of any assumptions that are included in your calculations. [7500]

Other notes relevant to the budget: [7500]

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP.

Washington State continues to face economic and budget issues. The only change in this reporting period was the Governor's directive to reestablish 12 month continuous eligibility for Medicaid children. WE anticipate our entries into SCHIP may be affected because an increase in the family's income will not affect a Medicaid child until their yearly review. This means the child will not change from Medicaid to SCHIP during the certification period.

2. During the reporting period, what has been the greatest challenge your program has experienced?
None

3. During the reporting period, what accomplishments have been achieved in your program?

None, the program process is static. We have maintained an average monthly caseload of 12,800 during this report period.

4. What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned.

We do not anticipate any major changes to the SCHIP program in the upcoming fiscal year.